



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES August 9, 2007

APPROVED
9/13/07

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Everardo Orozco	Cinderella Barrios-Cernik	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Dean Page	Donna Brown	Kyle Baker
Ruben Acosta/Chris Villa	Angélica Palmeros	Teresa Castillo	Angela Boger
Al Ballesteros	Mario Pérez	Dr. Mark Davis	Maxine Franklin
Diana Baumbauer	Natalie Sanchez	Daniel Deniz	Michael Green
Anthony Bongiorno	Wendy Schwartz	Rev. Alejandro Escoto	David Pieribone
Carrie Broadus	James Skinner	Lisa Fisher	Carlos Vega-Matos
Mario Chavez	Peg Taylor	Susan Forrest	Juhua Wu
Eric Daar	Gilbert Varela	S. Joanne Granai	Dave Young
Nettie DeAugustine	Jocelyn Woodard/James Smith	Shawn Griffin	
Whitney Engeran	Fariba Younai	Gabriela Leon	
Douglas Frye		Ted Liso	COMMISSION STAFF/CONSULTANTS
David Giugni		Luis Lopez	
Terry Goddard	MEMBERS ABSENT	Richard Mathias	Virginia Bonila
Jeffrey Goodman/Sharon Chamberlain		Manuel Negrete	Jane Nachazel
Richard Hamilton		Melissa Nuestro	Doris Reed
Michael Johnson/Elizabeth Mendia	Alicia Crews-Rhoden	Brenda Padilla	James Stewart
Lee Kochems	William Fuentes	Stephanie R. Perez	Craig Vincent-Jones
Brad Land	Jan King	Daniel Rivas	Nicole Werner
Anna Long	Quentin O'Brien	Jill Rotenberg	
Ruel Nollado	Kathy Watt	Ron Snyder	

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:05 a.m. He thanked everyone for attending the important August meeting, and welcomed two new Commissioners: Anthony Bongiorno, Consumer SPA #5 seat, and Natalie Sanchez, Provider SPA #2 seat.
 - Roll Call (Present):** Baumbauer, Bongiorno, Braswell, Chavez, Daar, Engeran, Frye, Giugni, Goddard, Goodman, Hamilton, Johnson, Kochems, Land, Long, Nollado, Page, Palmeros, Sanchez, Schwartz, Skinner, Taylor
- APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**

MOTION #2: Approve the minutes from the July 12, 2007 Commission on HIV meeting (*Passed by Consensus*).
- PARLIAMENTARY TRAINING:** Mr. Stewart had no comments.
- PUBLIC COMMENT, NON-AGENDIZED:** Rev. Alejandro Escoto, Metropolitan Community Church, noted that while education is key, spirituality helps people to be at peace with themselves and gain behavioral benefits. He requested the

Commission and OAPP consider funding a project to recruit competent pastors to lift the spirit and fill the void with something positive. Disclosing he had been HIV+ for 9 years, he said he had made poor choices when in a bad place in his life, but has been able to direct that energy to his congregation now.

6. **COMMISSION COMMENT, NON-AGENDIZED:** Mr. Goodman noted that Mr. Page had said, at the last Commission meeting, that there was mandatory HIV testing when he was in the Michigan prison system 25 years ago. Mr. Goodman felt it important to point out, for the record, that the first HIV test was introduced 21 years ago, the Michigan prison system did not adopt any HIV testing until 1991, and still does not have mandatory HIV testing.
7. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no follow-ups.
8. **CO-CHAIRS' REPORT:**
 - A. **Year 17 Allocations Letter of Concurrence:** Mr. Braswell noted the Commission's letter of concurrence and the Year 17 Planned Allocations Report in the packet. They were submitted to meet HRSA Condition of Award (COA) requirements.
 - B. **Annual Meeting:**
 - Mr. Braswell announced that the all-day meeting would be October 11th at the Center for Healthy Communities.
 - Mr. Vincent-Jones reported that the work group had chosen final adoption of the Medical Care Coordination Framework and the Concept Paper on the next version of the Ryan White report as meeting subjects. Committees continued work on those two projects.
9. **EXECUTIVE DIRECTOR'S REPORT:**
 - Mr. Vincent-Jones called attention to the notice in the packet for a September 20th Brown Act Workshop. He recommended the County Counsel workshop for Commissioners who have not yet attended.
 - He also indicated that the USC AIDS Clinical Trials Group (ACTG) sent a letter confirming their receipt of official notice of grant award on June 20th. The LAC+USC Clinical Trials Unit (CTU) will be fully funded for seven years beginning July 1st, subject to annual review.
 - He announced that the Commission had received an \$18,000+ grant from the Information Technology Fund (ITF) that will allow completion of the second phase of website development. ITF is a County program to address technology issues.
 - He reported that Michelle Roland, M.D., new Chief, State Office of AIDS, would join the Commission, PPC and SPN Coordinators for lunch at St. Anne's on August 14th. He added that Dr. Roland wanted an informal interchange with the community on its participation in the planning process. She was also planning on attending the September Commission meeting.
10. **STATE OFFICE OF AIDS REPORT:**
 - A. **Budget Process Overview:**
 - Ms. Taylor provided a state budget process presentation. State budget information can only be shared once certain points in the process have been reached. Understanding the process better can help inform discussions. Often bodies like the Commission can interact more directly on legislative/policy issues than OA may.
 - OA is under the Department of Public Health (DPH) which, in turn, is under the Secretary of Health and Human Services Agency (HHSA). Often decisions that OA would prefer to guide are made at these levels or in the Governor's office.
 - OA receives funds from the CDC, HRSA, HUD and other sources, but \$167 million comes from the State General Fund. ADAP receives about \$90 million of that, but the Therapeutic Monitoring Program (TMP), as well as education and prevention, housing, surveillance and home-based care programs also receive funds.
 - It takes about 18 months to shepherd a proposal through the state budget process. A typical timeline would be:
 - a. January, Year 1: OA develops program concept.
 - b. March/April, Year 1: OA develops Budget Change Concepts (BCC), including impact on other departments, and presents to DPH for review and approval.
 - c. May/June, Year 1: DPH-approved BCC expanded into detailed Budget Change Proposal (BCP) for DPH and HHSA review and approval. The BCP includes fiscal and legislative impacts, as well as alternate approaches to the issue.
 - d. September/mid-October, Year 1: HHSA-approved BCP reviewed by the Department of Finance (DOF), the Governor's fiscal advisory body, in conjunction with other departments, to assess impacts.
 - e. October/November, Year 1: DOF conducts budget hearings with departments.
 - f. December, Year 1: DOF finalizes Governor's Budget, Summary, Highlights and Budget Bill. It is at this point that OA can first discuss proposals that have been approved and bill language is developed. Proposals that were not approved for inclusion in the budget are never discussed publicly.
 - g. January 10, Year 2: Governor's Budget is presented to the Legislature.

- h. January 10-June 15, Year 2: Legislature considers bill. OA is on call to discuss proposal with committees. Community voices can be very effective at this point. DOF also issues the May Revise during this time, which may include Finance Letters.
- i. If the Legislature passes a budget that includes the proposal, the Governor approves the budget, and the Legislature funds it, then funding becomes available for the proposal.
- Ms. Taylor reported that the Assembly's version of the current budget has been passed, but the Senate had not finalized their version.
- Mr. Engeran asked about the status of backfilling jurisdictions that lost Ryan White funds, especially as reflected in HR 3043. Ms. Taylor said about \$7.8 million has been proposed for redirection from ADAP to some of the EMAs/TGAs that suffered Part A cuts. Mr. Engeran asked if backfill funds would be predicated on whether other resources were identified by the jurisdictions. Ms. Taylor responded that, while there was no trigger in the bill, OA has had conversations with the areas on what other resources might be available. For example, the San Francisco Board of Supervisors has pledged to backfill their EMA. The bill allows backfill for up to six TGAs/EMAs, but does not specify any or any funding levels.
- Mr. Land asked how the Commission might discuss concepts with OA. Ms. Taylor said OA discusses concepts with stakeholders in the development process. Mr. Vincent-Jones added that the Public Policy Committee has begun developing concepts for next year. Ms. Taylor noted the Commission could also engage the legislative process.
- Mr. Land asked how federal actions were taken into account. Ms. Taylor said that is done through the Washington office of the Governor. If OA had input on a federal subject, that would go through the same office.
- Mr. Vincent-Jones asked if there were an "emergency" process. Ms. Taylor said that a Finance Letter is used. The extra ADAP funds, for example, were to be directed to the General Fund, but OA requested them for HIV surveillance instead. Dr. Frye said the budget seemed to include a large amount for names reporting. He asked if it would need to be expended by the end of the fiscal year. She said it would, but OA would do whatever was possible to spread it over the contract.
- Mr. Braswell asked if any funds from the new budget would be used to backfill reserve funds being used now. Ms. Taylor said funds were coming from both state and federal sources. She did not know how reserves were funded.

B. State Budget:

- Ms. Taylor reported that the MAI grant had been approved. She thanked everyone for the support to get it done.
- California applied for \$750,000 and received \$856,000. It was the first time more was received than applied for, though some states may have been unable to complete applications within the short time frame, leaving more for others.
- The funds that had been identified to backfill the Bridge Project will remain and the MAI funds will be added. That would allow the Project to be expanded.
- A Benefits Counseling RFA would also be released after approval of the budget to initiate a pilot in four or five regions, including Los Angeles. Funds would be used for staffing and training, with an emphasis on Medicare Part D. The service category has been cut statewide resulting in considerable need, especially since the start of Part D. It would also provide staffing assistance to OA, which has had to allocate more staff time to Part D to the detriment of other areas. Ms. Taylor said the Commission would be sent a copy as soon as it was available.
- 2006 payments were still being processed, Ms. Taylor said. 2007 funds could not be released until that was done. A \$2 billion reserve for ADAP and MediCal was helping to support services in the interim.

C. Upcoming Visits by Michelle Roland, MD:

- Dr. Roland's arrival last month brought renewed energy to the OA. She has been a practicing HIV physician for 13 years and continues to see patients. She also has a background in research, activism and policy development.
- Ms. Taylor said Dr. Roland looked forward to her visit August 14th and plans regular visits, including a few in September, to learn directly about the good work that has been reported to her out of Southern California.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT: Mr. Pérez introduced Mr. Vega-Matos, the new Director, Provider Support Services Division, at OAPP. Mr. Vega-Matos has had a long career in both community-based settings and at the AIDS Program Office, a precursor of OAPP.

A. Year 17 Minority AIDS Initiative (MAI):

- Mr. Pérez announced that the MAI funding notice had been received that week. The award increase was about \$20,000 or 0.83%. Despite the short timeframe, OAPP had been informed that all the eligible TGAs and EMAs had applied.
- Overall, there was an increase to the combined Part A of \$347,000, an increase to Part B of \$189,000, plus the MAI \$200,000 increase for a total of about a 1.45%, or slightly more than \$500,000 total increase for Year 17 over Year 16.
- Ms. Broadus asked if providers would also receive a copy of the letter. Mr. Pérez replied that there would be a meeting August 22nd to discuss changes in the new MAI model with input from the Commission and OAPP, including information on the awards. OAPP has been reviewing possible adjustments and additional resources for the Early Intervention Program (EIP), Medical Case Management and Oral Health allocations.

B. Year 17 Contract Expenditures:

- Mr. Pérez explained that because Year 17 awards were received piecemeal, providers could not be given definitive funding levels earlier in the year. The new 75%/25% HRSA requirement and associated allocation adjustments also affected contracts. In addition, the Board had instructed OAPP to eliminate the practice of “over-contracting” two years ago. Year 15 and 16 provider spending patterns were reviewed to inform contract levels.
- OAPP has sought to preserve the current service system for Year 17 as much as possible. It would have been very hard for providers to make adjustments at this point midway through the contract year. With a better understanding of the new process, the likely significant Year 18 changes can be better planned and should be anticipated.
- A review of contract obligations revealed both over- and under-funding of contracts relative to Year 17 Commission spending expectations. A significant area of under-spending was in Medical Outpatient. The local obligation was, however, closely aligned to Commission expectations for Part A award funds. OAPP met that spending expectation by billing all available Part A expenses to Part A, including some previously billed to Net County Cost (NCC).
- Oral Health also required additional investment to meet Commission allocations and was increased by \$363,000.
- Several areas received a decrease in funding. NCC funds were shifted to these categories to preserve them as much as possible. There were insufficient funds to protect them all fully. Those that did receive deductions were chosen either because the Commission identified them for reductions or because OAPP had been overcommitted.
 - ⇒ Mr. Pérez noted the July 28th letter to providers summarizing these changes in the packet. The Commission chose not to allocate Part A funds to Language Services and Legal Services. HRSA no longer allows PART A funds to be spent on Permanency Planning. OAPP identified resources to maintain Language Services at 85% of the Year 16 level, and Legal Services and Permanency Planning at 80%.
 - ⇒ The Commission did not allocate to Child Care because there were no contracted child care providers.
 - ⇒ The Commission recommended a reduction from 1.5% to 1% for Peer Support. OAPP identified resources to mitigate the reduction from one-third to one-fourth for those approximately half-dozen contracts.
 - ⇒ Psychosocial Case Management investments had historically been significantly over-allocated; OAPP is still reviewing why. Meanwhile, OAPP was able to preserve most of it with a reduction of a bit less than 1% for Year 17. There is no assurances of funding at the same levels in Year 18.
 - ⇒ There was a slight increase to Medical Nutrition Therapy, as OAPP had not quite invested the Commission’s minimum.
 - ⇒ Substance Abuse and Case Management, Medical were not impacted.
 - ⇒ Other changes were: Mental Health, Psychiatry, -16%; Treatment Education, -6%; Mental Health, Psychotherapy, -9%; Housing, Transitional, -4%; and Nutrition Support, -10%;
 - ⇒ Transportation was decreased 30%. That reflects under-spending over the last few years of about 40%. There are probably a couple of reasons for the decreased usage, Mr. Pérez said. There has been increased utilization of non-taxi transportation, which is more cost-effective. There were also some improved transportation options in some parts of the County. He did not feel there were any service gaps, though OAPP was continuing to monitor the service.
- Overall, he said, OAPP was able to ensure that the Year 17 funding level was not below the Year 16 spending level. About 77 contracts were impacted, with 68 decreased and 9 increased. Only the 31 contracts with a change greater than 15% require the Board’s review and approval for implementation. The remainder are within OAPP’s delegated authority.
- Mr. Pérez indicated that except for categories like Peer Support, which received an across the board cut, OAPP took an average of a provider’s Year 15 and 16 spending. When Year 15 exceeded that of Year 16, indicating a downward trend, the benefit of the doubt was given to the provider. When spending increased from Year 15 to 16, OAPP gave the provider the higher level.
- In response to Mr. Engeran’s question, Mr. Pérez replied that there are no longer any “cushions” (over-commitments). In some categories, to maintain Year 17 services, OAPP may have invested additional NCC dollars if the Commission Part A minimum had been met. Committed resources do not exceed Part A and NCC dollars.
- Previously, OAPP maximized resources by contracting more than total resources, allowing resources to be shifted from under-utilized contracts to more active ones later. When it became clear by 2005 that providers were expending a higher proportion of allocations, Mr. Pérez said, OAPP began reducing over-allocations. The strong community response prompted a series of discussions. Consequently, OAPP now will only contract to the limit of actual resources.
- Mr. Pérez noted this strategy entails some risk because it reduces the ability to shift funds. To ensure that no Federal dollars went unallocated, and were therefore subject to return, it is important for providers to continue to maximize their contracts. While the budget modification process would continue to be important, even more important would be OAPP’s ongoing quarterly assessment of providers’ spending across service categories and right to shift funds from providers under-spending their contracts to others.
- Mr. Ballesteros noted that larger providers may have an infrastructure advantage over smaller ones in maximizing resources. He asked if some resources might help infrastructure development. Mr. Pérez said that the shift from a cost

reimbursement to a fee for service system would reduce the need for infrastructure. In general, providers are improving across the County in maximizing their contracts. He added that capacity building continued with the additional Year 17 and MAI resources.

- Mr. Land noted the Commission had passed an under-spending policy some years ago and asked if that were being used. Mr. Vincent-Jones elaborated that, under the previous administration, there had been such significant under-spending that the Commission had to re-allocate resources mid-year. Rather than continually returning to the Commission, a policy was adopted to guide re-allocation to the top five priorities in descending percentages. The policy was last triggered the year before last and would probably diminish in usefulness as over-commitment diminished.
- ➡ Mr. Engeran requested the interplay between Part A and NCC funds be provided to the Operations Committee.
- Dr. Younai said that Oral Health indicated the number of clients but not what was done. Dentures, for example, could not be covered by the unit cost.
- ➡ Mr. Pérez agreed to provide a more detailed report about oral health services and expenditures.
- Ms. Broadus noted that agencies often balance their overall budgets by under-spending some categories and over-spending others. She wondered if that was taken into account in the Year 15 and 16 spending levels used by OAPP to determine utilization. Mr. Pérez replied that OAPP was not in a position to analyze each line item of each contract to determine why there was under- or over-spending.
- Ms. Broadus expressed concern over the use of “spending patterns”. An agency could underspend if it had a staff vacancy, but could not fill that position if its allocation is reduced. Many of the categories cut were also cut several years ago and not restored. Many could not offer competitive salaries. She was concerned about unintended consequences unless line items were reviewed.
- ➡ It was agreed that the Priorities and Planning Committee would continue to review the issue.

C. Year 16 Ryan White Conditions of Award (COA):

- Dr. Green noted that February 28, 2007 was the end of the Year 16 grant year. End-of-year COA reports are due between 90 and 120 days after the end of the grant cycle. All Year 16 COAs had been met, Dr. Green noted, and OAPP had begun work on Year 17 COAs.
- OAPP provides copies of COAs to the Commission once they are received and approved by HRSA. Included in the packet was the Final Financial Status Report, showing how the Year 16 award was spent within expenditure categories, and the Final Expenditure Report, which breaks down funds by service category.
- The Annual Progress Report details both how funds were spent within service categories as well as the number of service units delivered per category. An additional Part A (WICY) report provides the percentage of expenditures and the utilization of services by women, infants, children and youth.
- The Year 16 Final Minority AIDS Initiative (MAI) report has to be submitted online through the Electronic Handbook rather than being created and then uploaded or emailed.

12. HIV EPIDEMIOLOGY PROGRAM REPORT:

- Dr. Frye indicated that the new semi-annual surveillance reports have been released.
- He reported about 22,000 PWAs in Los Angeles County. Over 6,000 HIV named case reports have been entered so far. Another 3,000 cases remain to be matched with coded cases but, according to the agreement with the CDC, they must all be re-investigated. There were also 7,000 cases that looked new. The County Counsel interpretation of the law restricts reportable cases to people in care. That bars retroactive reporting of a couple of thousand cases.
- Overall, names reporting is on track to reach the previous Ryan White number by the end of December 2008. If the state provides more funds, more people would be added to do surveillance and the number would be further increased.
- Mr. Goodman asked what the previous numbers were. Dr. Frye replied there were 42,000-45,000 cases reported for Ryan White under the coded system. It was reported that 16,000-17,000 cases had been accumulated.
- Even so, all jurisdictions have found there seemed to be a significant number of people who did not know their status. There was also a question as to whether the County had a higher than 25% of persons unaware of their infection.
- Mr. Vincent-Jones asked if cases were being reported as quickly as when code-based was first implemented. Dr. Frye replied that initially with code-based they were allowed to do complete reporting at clinics like 5P21. The current process is more cumbersome. They have to wait for the lab notification, then request records, although it is now going more smoothly.
- Mr. Vincent-Jones indicated that during the debate over names-based test, many people suggested HIV testing would decline as a result, and asked if there was anyone studying that factor. Mr. Pérez responded there had been no evidence to suggest the implementation of name-based HIV reporting has deterred HIV testing, although the transition to rapid testing seems to have reduced counseling/testing numbers. Dr. Frye noted that STD Programs surveys large labs and might have some information. He reiterated that of the ten or so studies conducted on the issue prior to California’s action, only IDUs in Louisiana ever showed a decrease in the rate of HIV testing. Oral rapid testing kits, he noted, are now another variable.
- Mr. Giugni asked if anonymous testing has increased. Mr. Pérez said traditionally tests were 50/50 confidential/anonymous. Confidential testing has actually increased to about 65%-70%, indicated names reporting was not an issue.

- Dr. Frye said studies show clients were not concerned about names reporting for surveillance. There might be unintended negative consequences if people become aware of other uses like partner notification. He indicated that HIV Epi was participating in a CDC consultation to discuss the role of partner notification services for HIV/STD programs. Historically, the CDC has reserved surveillance data for surveillance. Co-locating partner notification services at providers seemed to have become a good compromise.
- Dr. Frye reported HIV Epidemiology was re-applying for the large core surveillance, incidence, atypical strains/resistance reporting and enhanced perinatal surveillance grant from the CDC.
- The national behavioral HIV surveillance project, overseen by Trista Bingham, was also being renewed.
- Mr. Ballesteros asked how the estimate of 14,000-15,000 undiagnosed people was calculated. It would help the Commission to better identify who and where they were. Dr. Frye responded that unmet need of those aware but not in care improves as surveillance does, but estimates of those unaware are based on CDC percentages extrapolated for the County. He felt the County probably was higher than the national average, but there was only time now to record as many cases as possible. It was hoped the question could be investigated in the future.
- ➡ Mr. Ballesteros recommended the Executive Committee request that efforts bring be made to better picture who and where people are in order to get them tested and bring them into care. He felt the size of the County warranted it the expense and effort. Dr. Frye suggested that it be incorporated as a section in the Epidemiology Profile planned for the forthcoming year.

14. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

15. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Giugni reported there had been a presentation by Rose Veniegas of CHIPTS on “Research and Planning Perspectives on Intentional Unprotected Intercourse Among Men Who Have Sex with Men”. This was one of several presentations scheduled to inform the 2009 Prevention Plan. Research participants discussed venues, reasons and benefits to them of the behavior. There was also some information on other communities planning and implementing interventions for this target population.
- Mr. Pérez provided an update on the new two-track CDC contract renewal process. Some contracts would be automatically renewed which would affect PPC planning. Other items discussed were the support and expansion of counseling/testing, the Part A changes to the medical model, and how the Commission was addressing it.
- Mr. Pérez announced a second CDC prevention specialist had being added to OAPP staff.
- Pam Ogata provided an update on LACHNA, the joint Commission-PPC Needs Assessment. About 1,000 surveys have been completed. Future reports would detail how well the survey was reaching targeted populations.
- There was also a report on the first meeting of the new Joint Public Policy Committee, that had dealt primarily with structure.

15. TASK FORCE REPORTS:

- A. **Commission Task Forces:** Mr. Snyder, HIV Incarcerated Task Force, reported that the HIV specialist at Chino Prison was put on extended administrative leave at the end of July. They were currently using a physician from USF to cover Chino. All Los Angeles County HIV+ residents were being moved to Lancaster, though there was no specialist there. The USF physician would be going to Chino and Lancaster once a week each. To follow-up on care, Mr. Snyder would meet the next week with the Receiver’s Office in Sacramento, followed by a meeting in San Francisco with the USF physician. Anyone with incarcerated clients who were not being seen should contact his office at 323.822.3830.
- B. **Community Task Forces:** There were no reports.

16. SPA/DISTRICT REPORTS:

- **SPA #1:** Ms. Granai thanked OAPP for the fruitful meeting the prior Monday with the lead agency on HCT and HE/RR. Tarzana Treatment Center came to the August 8th SPN meeting to discuss needle exchange barriers they were experiencing for IDU clients. Ms. Granai noted a high percentage of IDU clients in the area, but felt providers were unlikely to risk requesting needle exchange approval from local officials. The SPN would be looking for other support. Mobile van collaboration between Tarzana Treatment Center and other agencies was being developed. There was further discussion on the Medical Care Coordination Framework presentation from the previous meeting, but no new comments. Providers were encouraged to participate in the Commission and its committees.
- **SPA #2:** Ms. Sanchez said attendance had been good, with many consumers, for the medical care coordination framework. There was concern that clients with substance abuse, mental health or homelessness issues would not access medical care unless such issues were addressed. Providers also requested more accessible CAB information. The Las Vegas Hollywood magazine’s advertising company had contacted her about a Latino-targeted awareness campaign with a soccer game and concert at the Coliseum. They wanted to meet with providers. Those interested could contact her at 818.892.8630.
- **SPA #3:** Mr. Chavez reported strong attendance for the medical care coordination framework presentation, as well.

- **SPA #4:** Ms. Rotenberg reported that the SPN had encouraged provider Executive Directors and senior management to attend the presentation on the medical care coordination framework. While few attended, there was strong participation by agency staff members. Follow-up communications were sent to providers to encourage public comment.
- **SPA #5:** Mr. Goodman reported that attendance for the medical care coordination framework presentation had been strong.
- **SPA #6:** Mr. Hamilton reported that Jane Price had been on medical leave due to an accident. She would return to work the following week.
- **SPA #7:** Ms. Leon said that overall attendance had been good for the presentation on the medical care coordination framework, but they were still challenged by OAPP and care provider participation. She said that the information in the presentation was sometimes overwhelming to case managers, and they had suggested sending supervisors to the meeting.
- **SPA #8:** Ms. DeAugustine said there had been good attendance for the medical care coordination presentation. She also reported that the Long Beach Comprehensive Planning Group and the SPN would present a community forum to discuss plans to begin pharmacy syringe sales in the fall. Meetings have already been held with City Council members and they support it.

17. STANDING COMMITTEE REPORTS:

A. Priorities & Planning (P&P) Committee:

1. Year 18 Service Allocation-Setting:

- All Commissioners identified their affiliations, and conflicts due to funding, prior to the discussion.
- Mr. Goodman reiterated the paradigms and operating values as he presented the Year 18 allocations recommendations. He added that the recommendations only related to Funding Scenario #2 (level funding), and that the Committee would present plans for the other Funding Scenarios at a future meeting. He went on to detail the steps the Committee followed to develop their recommendations:
- Other streams of funding were reviewed to maximize Part A funds as funding of last resort.
- The Committee agreed not to make significant changes because of the transitional nature of Year 18.
- Treatment Education was classified as a core medical service since medical supervision is required.
- Health Education/Risk Reduction (HE/RR) and Benefits Specialty were considered for first-time allocations, but the Committee decided not to allocate funds to them because there was insufficient data to determine adequate funding, the new Coordinated Care Framework might impact their delivery, and due to the transitional nature of the year.
- Allocations for Hospice/Skilled Nursing Facility and Legal Services were increased from 0% to 1%. Hospice/Skilled Nursing experienced a significant spike in utilization, according to OAPP. The Committee reconsidered its decision to eliminate the allocation for Legal Services due to testimony to the service need.
- To balance the increases, Residential, Transitional Services was reduced by 1%, and both Treatment Education and Medical Outpatient by 0.5%.
- Other categories remained at Year 17 levels. He added that 1% equals about \$300,000.
- Ms. Broadus asked why HE/RR was not quantifiable since there was a significant Prevention for Positives program in clinics and at providers that link clients with care. Mr. Vincent-Jones said Part A services refer to HE/RR in the care setting. Data is not configured to define it in a care setting. The idea to delineate that arose at the meeting and means to do so for Year 19 were being discussed.
- Mr. Acosta felt HE/RR reflected as much need as Legal Services and wondered whether argument or data was the determining factor. Mr. Goodman said he considered argument part of the data. He noted there was significant input to the process with over 300 participants.
- Mr. Ballesteros asked if the reduction to Residential, Transitional reflected under-utilization. He felt County homelessness data would indicate more need. Mr. Vincent-Jones said OAPP prepared a utilization report on all categories. Several factors influenced reductions, he added, like other sources of funding, for this category.
- Ms. Broadus said there should be specific justifications for increases or decreases to ensure objectivity and transparency. She, Mr. Goddard and Mr. Page noted the need for Residential, Transitional services to keep the homeless in care. Mr. Vincent-Jones said, while the Commission was not yet sophisticated enough to evaluate if other streams of funding meet the need, some categories have none while Residential, Transitional has other identified funding streams.
- Mr. Engeran asked the Committee to detail the length of the deliberations. Mr. Vincent-Jones replied it was a five-month process with multiple Committee meetings, forums at all of the SPNs, SPN and provider surveys, and data resulting from H-CAP (consumer needs assessment).
- ➡ Mr. Hamilton supported P&P, but agreed with Ms. Broadus that specific justifications were important. Mr. Vincent-Jones said the priority- and allocation-setting process had been reshaped to include an appeal process. The request for specific justification for allocation changes would be taken as public comment and added to the revision.

MOTION #3: Approve the Year 18 service category allocations, as presented (*Passed: 20 Ayes; 6 Opposed; 4 Abstentions*).

2. **Priority- and Allocation-Setting Framework:** Mr. Goodman called attention to the revised Framework in the packet being released for 30 days' public comment. The revision reflected the responsibilities of the Finance Committee that were consolidated into P&P. It also included the appeal process that was being incorporated into the Framework.

B. Public Policy Committee:

1. **Joint Public Policy (JPP) Committee Proposal:**

- Ms Schwartz called attention to the report in the packet, previously released for a 30-day public comment period, on merging the Commission and PPC Public Policy Committees.
- Mr. Giugni asked what the breakdown of seats was between Commission and PPC members. Ms. Schwartz said seats were not specified by body. It had been specified that there could not be more non-Commission voting members than Commissioners on the Committee. She added that some members could be members of both bodies.
- Ms. Schwartz said that Ms. Watt reported at the last meeting that the PPC would not nominate additional members in the foreseeable future, so the point is moot for now. Mr. Kochems noted PPC member interest had increased.
- Mr. Acosta asked about determining quorum. Mr. Vincent-Jones said it would be a majority of all voting members.

MOTION #4: Approve the plan to merge the Commission's and Prevention Planning Committee (PPC's) public policy committees into a Joint Public Policy Committee, as presented (*Passed by Consensus*).

2. **JPP: Proposed Bylaw Revision:**

- The revision had also previously been released for a 30-day public comment period, Ms. Schwartz noted.
- She said that the inability of PPC members to vote was a problem with the previous attempt at a joint committee. That problem, as reflected in the Bylaw revision, had been resolved. In addition, PPC members would be eligible for one of the Committee Co-Chair seats.
- PPC members attended the last meeting and Co-Chair nominations were opened with Lee Kochems and Daniel Rivas nominated. An election date had not yet been chosen since the August meeting would have a special agenda.

MOTION #5: Approve the proposed Bylaw revisions, as presented (*Passed by Consensus*).

3. **HR 3043: Fed Appropriations to HHS:**

- Mr. Engeran said this was the Health and Human Services (HHS) appropriations bill that passed through the House of Representatives in July. It was en route to the Senate and would not be taken up until after the August recess. Language was added to the bill without markup or the Committee of record discussing it up.
- The language effectively created a hold harmless for EMAs and TGAs based on Year 16 funding. EMAs could not be reduced by more than 8.4% and TGAs by more than 13.4%. Previously, there was a 5% hold harmless for EMA Formula Awards only, and none for TGAs.
- Those EMAs/TGAs that experienced reductions in Year 17 would receive a significant amount of funding if the language were accepted. San Francisco, for example, saw an overall award reduction of about 33% or \$9.1 million based apparently on its supplemental competitive score. This legislation would, in effect, restore those reductions. The bill also had an additional \$29 million, though other aspects of the bill would direct that mostly to those who lost funds. Mr. Engeran pointed out that the it would effectively alter that reauthorized legislation retroactively through an appropriations bill.
- In addition, the President has threatened to veto any legislation that exceeds his budget number. If these hold harmless numbers remained but funding were vetoed, Los Angeles would lose money retroactive to March 2007.
- AHF had spoken with the Office of the Speaker of the House, who is from San Francisco, and had been assured no jurisdictions would lose funds. However, prior to that, the HHS had released a spreadsheet that showed every California EMA would lose funding except for San Francisco.
- He recommended the Commission ask the State to adjust to others' actions. It was conceivable, for example, that the federal, state and county governments could all backfill San Francisco for a net gain while Los Angeles lost funds.
- Mr. Engeran said he had gone to DC. Senator Coburn and some others had sent a letter asking HHS and/or the Office of Management and Budget to give a report on the funding differences. The County would lose \$789,000.
- Ms. Taylor said budget language around the \$1.8 million redirection restricts it to bringing up to six jurisdictions to their previous level(s). If federal funds did that, the \$1.8 million would be released for any other state purpose.
- Mr. Ballesteros asked if watching might be the best position. Mr. Engeran replied that further action would most likely happen in conference. It might be made part of an omnibus or other action. Often those were moved quickly when they hit 1,000 pages. Since the Commission was active in the Reauthorization process, he felt it was appropriate to speak up now as the change was made in an inherently unfair manner, through appropriations, regardless of funding.
- In addition, though there have been assurances that this only applies to 2007, the language says "beginning in 2007".
- Mr. Land asked if another member of the California delegation might offer an amendment. Mr. Engeran noted that they all voted in line with the Speaker. Ms. Broadus said it was unlikely that any would contradict the Speaker.

- Mr. Braswell suggested working with legislators from other states. Mr. Vincent-Jones said the County's Intergovernmental Relations (IGR) is watching the matter, especially since the changes could remain for the life of Ryan White.
- Mr. Acosta said it was important to consider the impact nationwide and to express our empathy with all those who have lost funds or have traditionally suffered disparities. Mr. Nollado suggested, given the political ramifications, it would be best to monitor the situation.
- ➡ Ms. Broadus suggested JPP work with IGR to draft a position paper and share it with other jurisdictions and elected officials. The paper could emphasize disparities, people of color, and funding needs nationwide.

4. **AB 682: Routine HIV Screening (Berg):**

- Mr. Engeran reported that AB 682 would change the consent requirement for an HIV test from informed written consent in medical settings to simple consent. Declination of a test would be noted in the patient's file. Particularly in medical settings, the requirement for informed written consent becomes a barrier to the test because it was not the standard for other tests of this nature. There have been no negative votes in the legislature so far. It has moved through the Assembly and the Senate, and was about to go to the Governor.
- Mr. Hamilton asked about the City, County and State. The following Commissioners said bodies they represented supported the bill: Ms. Schwartz, City of Los Angeles; Ms. DeAugustine, City of Long Beach; Mr. Giugni, City of West Hollywood; Mr. Pérez, County of Los Angeles. Ms. Taylor said the State could not take a position.
- Mr. Goodman said he had been on the opposition email list and found it dwindling. The only voices remaining against it were the ACLU, the Williams Institute at UCLA and the Center for Health Justice (CHJ). While he had been previously uncertain, he now supported the bill. Dr. Frye asked what CHJ concerns were. Mr. Goodman found most changes semantic.
- Mr. Engeran said CHJ wanted to ensure that patients understood social, legal and other implications of taking an HIV test and mandate notations on that in the medical record. Others were concerned at how much the opposition wanted noted in the medical record.
- Mr. Goddard asked what the verbal consent entailed. Mr. Engeran said the bill required the medical care provider to inform the patient that the test was planned, to inform the patient about it, inform the patient there were numerous treatment options available, and that those testing negative should continue to be tested routinely. Patients who declined, but not those who agreed to the test, would have their decision noted in their chart.
- Ms. Broadus suggested accompanying pieces of legislation brought forward by a list of those in support with their reasons and those in opposition with their reasons. Ms. Schwartz said they have never followed a procedure like that because it would be prohibitive to track every body's position on every bill. However, since both Commission and Committee meetings are publicly posted, those interested could and do attend meetings to voice their views. Mr. Engeran noted that large amounts of data are brought to Committee meetings. Mr. Braswell pointed out that that work was meant to be done at the committee level.

MOTION #6: Support AB 682 (Routine HIV Screening: Berg), as recommended (*Passed: 24 Ayes; 3 Opposed; 2 Abstentions*).

5. **S 823/HR 1420: Microbicide Development Act (Obama/Schakowsky):**

- Ms. Schwartz said the House and Senate versions were companion bills supporting Microbicide research. Traditionally microbicide research has been under-funded. This was an attempt to increase attention to the area.
- Provisions to increase attention include the Director of the Office of AIDS Research ensuring a strategic plan, coordinating with other bodies, and creating a microbicide development branch. Each provision authorizes "such sums as may be necessary for each fiscal year to carry out this section."
- Ms. Schwartz said the Committee found this consistent with past positions and recommended support.

MOTION #7: Support S 823/HR 1420 (Microbicide Development Act: Obama/Schakowsky), as recommended (*Passed by Consensus*).

MOTION #7A: Extend meeting by 30 minutes (*Passed by Consensus*).

6. **Corrections Forum:**

- Ms. Schwartz reported there would be a Corrections Forum after the September Commission meeting. The agenda would be distributed once it was finalized.
- She also noted that the usual JPP Committee and Ryan White Subcommittee meetings on August 15th would be replaced by an all-day meeting August 22nd at the Center for Healthy Communities. The first half of the meeting, 8:30 am to 12:30 pm, would be devoted to an extended Ryan White Subcommittee meeting to meet the October goal for Ryan White planning work. The second half of the meeting, 1:00 to 5:00 pm, would be a strategy session to plan a policy agenda.
- Mr. Johnson encouraged better defining and/or developing criteria for legislative support through both Committee and broader Commission discussion.

C. Operations Committee:

1. Member Nominations:

MOTION #8: Forward the nomination of Nettie DeAugustine for the City of Long Beach membership seat to the Board for appointment (*Passed by consensus*).

2. New Candidate Interviewing Policy:

- Ms. DeAugustine introduced the policy for a 30-day public comment period. She explained that the Committee, according to the scoring and evaluation policy, has always had the right to call candidates in for interviews.
- She went on to explain that the Committee had decided to formalize the policy with respect to candidates who are new to the Commission. While there are written applications, it is beneficial to interview candidates. Often the Committee has wished for more information from less well-known candidates in order to ensure the best representation for each seat. For example, it would be helpful to hear how candidates made decisions or planned to provide constituency feedback to the Commission. The policy would not change the Committee's right to call other, including returning, candidates in for interviews when there were questions about the candidate's application.
- A set of standardized questions was being developed to facilitate the interview process, Ms. DeAugustine said. The interviews would be brief, she added, perhaps 15 to 20 minutes.
- Mr. Land asked if Section 6, which listed some interview concerns, would include poor attendance. Ms. DeAugustine said the Committee had discussed that. Poor attendance would trigger renewal candidate interviews.
- Mr. Hamilton noted that SPNs were designated to forward candidates when the Commission was reorganized. He asked if this process would replace that. Ms. DeAugustine replied it would augment, not replace, the current process.
- Ms. Broadus asked if any new candidates were in the process and, if so, if they would have to wait 30 days to be interviewed. Ms. DeAugustine said one candidate would be interviewed next week under the current process. Mr. Vincent-Jones reiterated that because the Committee has always had the right to interview, the current candidate's interview would not need to be delayed.
- Ms. Leon asked if the SPN would lack representation if there were only one SPN nominee, but interviewers did not feel the candidate fit the criteria. She felt the process redundant. Their SPN nominated a provider seat candidate in May, with support of all SPA members present, but was still waiting despite that being the only application.
- Ms. DeAugustine felt it was important to review each candidate's situation individually. Overall, the Committee wanted to gather as much information as possible for each candidate. While she appreciated the issues of a vacant seat, she also felt it was important not to just move someone ahead in a cursory manner.
- Mr. Vincent-Jones noted that SPNs are required to submit two candidates, and the SPA #7 delays were because they have only submitted one candidate. Exceptions were made to the rule sometimes when the SPA has few providers/consumers, and when they have shown due diligence. He also went on to say that the Operations Committee always has the ultimate authority on whom to forward for nomination to the Commission, by County Charter. The Committee is never required to forward a nomination of a candidate, and there is only one Commission seat designated for a specific individual (Director of OAPP, non-voting).
- He added that interviews were done for many reasons, not just to identify who was qualified. For example, it could help the Committee identify in what areas it can help the interviewee or who can best mentor new members. It is also an opportunity for the candidates to raise issues and get to know Commission members.
- Mr. Kochems suggested all candidates be interviewed for consistency's sake, whether there were questions or not.
- Ms. Granai asked if the standardized questions would be brought to the Commission for review. She felt consumers especially would appreciate knowing what kind of questions would be asked. Mr. Vincent-Jones said the Committee did not have to bring the questions for approval, and that would defeat the purpose of the interviews if everyone went with prepared responses, although all Committee meetings are public.
- Ms. Granai asked if there would be an appeals process. Mr. Vincent-Jones said there is not; the authority for the Open Nominations Process is invested in the Operations Committee (formerly the Recruitment, Diversity and Bylaws Committee) in County Ordinance.
- He added that some comments seemed to suggest the process was designed to block candidates. Rather, he suggested, people should look at the process as an opportunity to enhance the quality of the candidate's experience as a Commissioner, and improve the overall quality of preparation for Commission membership.
- ➡ Mr. Kochems noted an inconsistency between Item 2, which stated the Committee would interview all new candidates, and Item 1, which stated the Committee could interview candidates renewing or new. Ms. DeAugustine agreed the language would be clarified.

3. Member Duty Statements: Introduced: Ms. DeAugustine noted this had been out for 30-day public comment. No comments had been received.

MOTION #9: Approve the duty statement for the PPC non-voting representative seat, as presented (*Passed by Consensus*).

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4. **Member Duty Statements: New:** Ms. DeAugustine opened four new duty statements for 30-day public comment: Department of Public Health (DPH), Part A; HIV Epidemiology Program representative (non-voting); Office of AIDS Programs and Policy (non-voting), and the MediCal representative. She added that these four duty statements conclude the development of member duty statements.
5. **Membership Recruitment:** Recruitment was ongoing.

D. Standards of Care (SOC) Committee: Ms. Palmeros thanked everyone for their participation in the SPN meetings.

1. **Special Population Guidelines: Youth:** Ms. Palmeros noted this had been out for 30-day public comment. No comments had been received.

MOTION #10: Approve the Special Population Guidelines for Youth, as presented (*Passed by Consensus*).

18. **COMMISSION COMMENT:** Mr. Hamilton said SPA #6 faced recruitment challenges. He encouraged all to help in the process actively recruit members.
19. **ANNOUNCEMENTS:** There were no announcements.
20. **ADJOURNMENT:** Mr. Braswell adjourned the meeting at 1:30 pm.
 - A. **Roll Call (Present):** Acosta, Bailey, Ballesteros, Baumbauer, Bongiorno, Braswell, Broadus, Chavez, Daar, DeAugustine, Frye, Giugni, Goddard, Goodman, Hamilton, Johnson, Kochems, Land, Long, Nollado, Orozco, Page, Palmeros, Sanchez, Schwartz, Skinner, Taylor, Varela, Woodard

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the July 12, 2007 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve the Year 18 service category allocations, as presented.	<i>Ayes:</i> Bailey, Bongiorno, Braswell, Chavez, Daar, DeAugustine, Engeran, Goodman, Hamilton, Johnson, Kochems, Land, Long, Nollo, Sanchez, Schwartz, Skinner, Varela, Woodard, Younai <i>Opposed:</i> Acosta, Ballesteros, Broadus, Giugni, Orozco, Page <i>Abstentions:</i> Baumbauer, Goddard, Palmeros, Taylor	MOTION PASSED Ayes: 20 Opposed: 6 Abstentions: 4
MOTION #4: Approve the plan to merge the Commission's and Prevention Planning Committee (PPC's) public policy committees into a Joint Public Policy Committee, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5: Approve the proposed Bylaw revisions, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Support AB 682 (Routine HIV Screening: Berg), as recommended.	<i>Ayes:</i> Acosta, Bailey, Ballesteros, Baumbauer, Bongiorno, Chavez, Daar, DeAugustine, Engeran, Goddard, Goodman, Hamilton, Johnson, Kochems, Land, Nollo, Orozco, Page, Palmeros, Sanchez, Schwartz, Skinner, Varela, Woodard <i>Opposed:</i> Braswell, Broadus, Giugni <i>Abstentions:</i> Long, Taylor	MOTION PASSED Ayes: 24 Opposed: 3 Abstentions: 2
MOTION #7: Support S 823/HR 1420 (Microbicide Development Act: Obama/Schakowsky), as recommended.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #7A: Extend meeting by 30 minutes.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8: Forward the nomination of Nettie DeAugustine for the City of Long Beach membership seat to the Board for appointment.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #9: Approve the duty statement for the PPC non-voting representative seat, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #10: Approve the Special Population Guidelines for Youth, as presented.	<i>Passed by Consensus</i>	MOTION PASSED